

PRISONER'S CIVIL RIGHTS COMPLAINT (Rev. 07/2021)

RECEIVED
U.S. DISTRICT COURT
EASTERN DISTRICT OF TEXAS
OCT 30 2023

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF TEXAS
TYLER DIVISION

James Anthony Hunter 193071

BY
DEPUTY

Plaintiff's Name and ID Number

6123-CV-535 JCB
JDL

Smith County Jail

Place of Confinement

CASE NO.

(Clerk will assign the number)

v. Smith County
206 East Elm Street Tyler, Texas 75702

Defendant's Name and Address

Tyler Key Health, Smith County Jail
206 East Elm Street Tyler, Texas 75702

Defendant's Name and Address

Defendant's Name and Address

(DO NOT USE "ET AL.")

INSTRUCTIONS - READ CAREFULLY

NOTICE:

Your complaint is subject to dismissal unless it conforms to these instructions and this form.

1. To start an action you must file an original and one copy of your complaint with the court. You should keep a copy of the complaint for your own records.
2. Your complaint must be legibly handwritten, in ink, or typewritten. You, the plaintiff, must sign and declare under penalty of perjury that the facts are correct. If you need additional space, DO NOT USE THE REVERSE SIDE OR BACK SIDE OF ANY PAGE. ATTACH AN ADDITIONAL BLANK PAGE AND WRITE ON IT.
3. You must file a separate complaint for each claim you have unless the various claims are all related to the same incident or issue or are all against the same defendant, Rule 18, Federal Rules of Civil Procedure. Make a short and plain statement of your claim, Rule 8, Federal Rules of Civil Procedure.
4. When these forms are completed, mail the original and one copy to the clerk of the United States district court for the appropriate district of Texas in the division where one or more named defendants are located, or where the incident giving rise to your claim for relief occurred. If you are confined in the Texas Department of Criminal Justice, Correctional Institutions Division (TDCJ-CID), the list labeled as "VENUE LIST" is posted in your unit law library. It is a list of the Texas prison units indicating the appropriate district court, the division and an address list of the divisional clerks.

FILING FEE AND *IN FORMA PAUPERIS* (IFP)

1. In order for your complaint to be filed, it must be accompanied by the statutory filing fee of \$350.00 plus an administrative fee of \$52.00 for a total fee of **\$402.00**.
2. If you do not have the necessary funds to pay the fee in full at this time, you may request permission to proceed *in forma pauperis*. In this event you must complete the application to proceed *in forma pauperis*, setting forth information to establish your inability to prepay the fees and costs or give security therefor. You must also include a current six-month history of your inmate trust account. If you are an inmate in TDCJ-CID, you can acquire the application to proceed *in forma pauperis* and the certificate of inmate trust account, also known as *in forma pauperis* data sheet, from the law library at your prison unit.
3. The Prison Litigation Reform Act of 1995 (PLRA) provides "... if a prisoner brings a civil action or files an appeal *in forma pauperis*, the prisoner shall be required to pay the full amount of a filing fee." See 28 U.S.C. § 1915. Thus, the court is required to assess and, when funds exist, collect, the entire filing fee or an initial partial filing fee and monthly installments until the entire amount of the filing fee has been paid by the prisoner. If you submit the application to proceed *in forma pauperis*, the court will apply 28 U.S.C. § 1915 and, if appropriate, assess and collect the entire filing fee or an initial partial filing fee, then monthly installments from your inmate trust account, until the entire \$350.00 statutory filing fee has been paid. (The \$52.00 administrative fee does not apply to cases proceeding *in forma pauperis*.)
4. If you intend to seek *in forma pauperis* status, do not send your complaint without an application to proceed *in forma pauperis* and the certificate of inmate trust account. Complete all essential paperwork before submitting it to the court.

CHANGE OF ADDRESS

It is your responsibility to inform the court of any change of address and its effective date. Such notice should be marked "**NOTICE TO THE COURT OF CHANGE OF ADDRESS**" and shall not include any motion for any other relief. Failure to file a NOTICE TO THE COURT OF CHANGE OF ADDRESS may result in the dismissal of your complaint pursuant to Rule 41(b), Federal Rules of Civil Procedure.

I. PREVIOUS LAWSUITS:

A. Have you filed *any* other lawsuit in state or federal court relating to your imprisonment? YES NO

B. If your answer to "A" is "yes," describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, giving the same information.)

1. Approximate date of filing lawsuit: 03-30-2023

2. Parties to previous lawsuit:

Plaintiff(s) James Anthony Hunter

Defendant(s) Officer Boller, ET AL.

3. Court: (If federal, name the district; if state, name the county.)

4. Cause number: 6:23-cv-154-JCB-KNM

5. Name of judge to whom case was assigned: K. Nicole Mitchell

6. Disposition: (Was the case dismissed, appealed, still pending?) Still pending

7. Approximate date of disposition: N/A Still pending

II. PLACE OF PRESENT CONFINEMENT: Smith County Jail

III. EXHAUSTION OF GRIEVANCE PROCEDURES:

Have you exhausted all steps of the institutional grievance procedure? YES NO

Attach a copy of your final step of the grievance procedure with the response supplied by the institution.

IV. PARTIES TO THIS SUIT:

A. Name and address of plaintiff: James Anthony Hunter 193071
Smith County Jail 206 East Elm Street
Tyler, Texas 75702

B. Full name of each defendant, his official position, his place of employment, and his full mailing address.

Defendant #1: Smith County - Smith County Jail
206 East Elm St Tyler, Tx. 75702

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you. medical
Indifference - refused refuse to grant me medical surgery
procedure needed. cruel and unusual punishment. unequal protection

Defendant #2: Tulsa Key Health Smith County Jail
206 East Elm St Tyler, Tx. 75702

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Medical Indifference. cruel unusual punishment. unequal
protection. Retaliation. no due process. malpractice. failure
Defendant #3: to intervene

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Defendant #4:

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Defendant #5:

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

V. STATEMENT OF CLAIM:

State here in a short and plain statement the facts of your case, that is, what happened, where did it happen, when did it happen, and who was involved. Describe how each defendant is involved. You need not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach extra pages if necessary, but remember the complaint must be stated briefly and concisely. IF YOU VIOLATE THIS RULE, THE COURT MAY STRIKE YOUR COMPLAINT

See Attached page 4

VI. RELIEF:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

See Attached page 4 continued VI.

VII. GENERAL BACKGROUND INFORMATION:

A. State, in complete form, all names you have ever used or been known by including any and all aliases.

James Anthony Hause

B. List all TDCJ-CID identification numbers you have ever been assigned and all other state or federal prison or FBI numbers ever assigned to you.

N/A

VIII. SANCTIONS:

A. Have you been sanctioned by any court as a result of any lawsuit you have filed? YES NO

B. If your answer is "yes," give the following information for every lawsuit in which sanctions were imposed. (If more than one, use another piece of paper and answer the same questions.)

1. Court that imposed sanctions (if federal, give the district and division): N/A

2. Case number: N/A

3. Approximate date sanctions were imposed: N/A

4. Have the sanctions been lifted or otherwise satisfied? N/A YES NO

Page 4 continued

James Anthony Hender

I Statement Of Claim Attachment

On A Date Approximately the Second week in October During 2022, I WAS transported from Smith County's Jail to Mother Francis Hospital in Tyler Texas, per Turn Key Health, the Jails Contracted Medical Disorders. I had A history of inserting foreign bodies into my penile. It was always Styrofoam and plastic. And I always was required to Show proof to Medical staff to be in order to go to hospital to have items removed.

On this particular morning in October, 2022, I was not Required to Show evidentiary proof. I made A Statement that I had put stuff in my penile, Sgt. Pddy, Sgt. Escobedo, Nurse April, and Nurse Suse all agreed that they saw and felt nothing. Yet, After ~~commotio~~ And Sgt. Pddy phone calling Captain Marlin, he ordered me to be taken to hospital via Ambulance.

Every time A cystoscopy was performed at the hospital, X-rays, and CT scans were performed prior to, to make sure there was foreign bodys, and location and position of them.

Then I'd sign Medical Consent for procedure and anesthesia. And they would notify my family - emergency contact person - before, during, and after procedure.

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James Anthony Smith

Page 4 Contained
Attachment

T. Statement of Claim

On this particular day, I informed the hospital treatment team, and Surgical team primarily ~~Dr.~~ ~~Allen~~ Surgeon Dr. Allen Wegener, the pre-op nurse, and Anesthesia Doctor that I did not have anything inside of me. And that I refuse the medical Surgical procedure and the anesthesia. The pre-op nurse asked if I had some emergency contact. I said yes. The Smith County Deputy Vineyard who was supervising me, told the pre-op nurse to make my emergency contact his Lieutenant J. Shoemaker, per his orders. Once I told them I refused procedure and that I had nothing inside of me, Deputy Vineyard informed the pre-op nurse to call Smith County's Turn Key Health. Upon completion of her phone call- pre-op nurse stated Turn Key D.O.N. (Director of Nurses) MS Amy was en route to hospital to make arrangements so that Surgical procedure takes place. All the while I was insisting I refuse, I deny medical treatment and care that I don't need. I refused to sign Consent so Dr. Allen Wegener, the Anesthesia Doctor, said they just have to have three Doctors signature of Consent to force procedure upon me. So they got a third Doctor ~~per~~ signature and proceeded to force Sedatives in me leading up to anesthesia. I was handcuffed and shackled to hospital Bed Rails. So I could not resist. I told them

James Anthony Hunter
Page 9 Continued
Attachment

T Statement of Claim

I have the right to refuse medical treatment especially any not needed. And Especially any that is not ~~so~~ vital to preventing loss of life or limb.

I still no X-ray, Ct scan, or any type of Research was performed prior to ~~medico~~ surgical procedure. Still though after walking from Ad anestheia forced sleep and forced surgical procedure. Deputy Vinyard told me they cut open my penis. I thought he was joking because there was no reason to because there was nothing in it and even when it were things in it in past the ~~no~~ urologist had never cut open my penis. Although when I looked at it and it was bandaged wrapped I still didn't think so. The post-op nurse in recovery said to leave bandage on for 24 hours.

The following day I removed bandages and began bleeding profusely. I saw I had an open wound. I brought this to Sgt. Watson and Nurse Tiffany Attenion, who did nothing. She said "I'm not go do what you want me to do." I asked what do I want her to do. She said "You want me to do something," and I'm not go do nothing." So I stayed up in pain, bleeding, crying and shocked all night and next morning. Captain Marfan walked by I got his Attenion and showed him my penis. He saw that it was actively bleeding and open flesh wound. He said I can't be here like that and that

James Anthony Hafner
Page 4 Conformed
Attachment

Statement of Claim

for me to go back to hospital. The entire

Turn Key Health was documenting, making records, stating, and giving professional assurances that I had cut open my stitches and caused the open flesh wound and bleeding.

Upon returning to hospital Dr. Urologist Dr. Allen Wegener confirmed that he did the surgical procedure a urethra plasty where he cut open the urethra and stitched the flesh down in place. And that it is meant to be an open flesh wound to avoid scar tissue. I asked him why did he cut open my penis and he stated so that I will not be able to put anything else on it. I asked will it ever close. He said only with reconstruction plastic surgery. He said he would not be doing it, though. I returned to hospital several times for urinary complications, requesting a catheter at times. I kept inquiring a followup Dr. to Turn Key Health and Smith County. I specifically requested to be seen by a hernia hospital. Such as UT Health considering my primary care physician is employed by them and I trust her and them. As my ~~follow~~ family was attempting to schedule me follow-ups themselves no one would make me a new patient so I had to rely on Smith County and Turn Key Health.

I. Statement of Claim

April 18, 2023 I was transported to UT Health Medical group Olympic Plaza Urology, for follow-up with Urologist, 6 months after mother Frances Urologist Dr. Allen Wegener performed Surgical procedure.

Mr. Urologist William Armstrong stated that there is no signs of current or previous scar tissue. He didn't understand requirement of such intense and severe classical permanent Surgery for a temporary situation. He stated that the actual procedure performed on me was a "traumatic hypospadias" all the way to the penoscrotal junction. He said my urethral plate appears ample and healthy and that I am a good candidate for the Reconstruction Surgical procedure that is actually called "Urethroplasty". He stated he could perform it but given the possible need for grafting or a multistage procedure, not to mention the complexity of even a single stage long segment penileous urethroplasty. He recommended Referral to UT Southwestern to either Allen Morey or another physician specifically trained in reconstructive Surgery for consideration of repair.

From 04-18-2023, before, and after, all the way up to this filing of claim date, I have been medically requesting the reconstructive Surgical procedure but Smith County will not approve of it. Tack Key Health won't approve of it. Tack Key Health says they

II Statement Of Claim

can not, and will not rely solely upon their medical expertise to schedule, Refer, or recommend the surgical reconstructive procedure because they can't and won't conflict or severest with Smith County. And Smith County will not approve of the procedure because they say it is not life or death. They say it is expensive. They say its my fault. & They say get it done when I get out of jail. Mind you which may be no time soon. Etc.

Turn Key Health, And Smith County are ignoring and disregarding the fact that I need medical care and treatment. Primarily the follow-up, which is the final step in a two-part surgical procedure. I did not consent to the first step. And they aren't allowing the second part. I have begged, pleaded, requested, threatened and forced my concerns. They said they teaching me a lesson, And preventing trips to hospital. I literally have open flesh wound on penis from top to bottom of scrotum. I would have ~~Repetitive~~ urine leakage urine. I am not able to urinate regularly. If I do not sit on the toilet then my urine goes everywhere as well on myself. I get abrasions. I get burning sensations. A year later I'm still asking for triple antibiotic ointment to apply to the open wound. Ridiculous. I can't urinate regularly. I can't have sexual activity or ejaculation. I currently will not be able to impregnate. And the PTSD is extreme.

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James Anthony Hunter
Page 4 continued
Attached

II. Relief

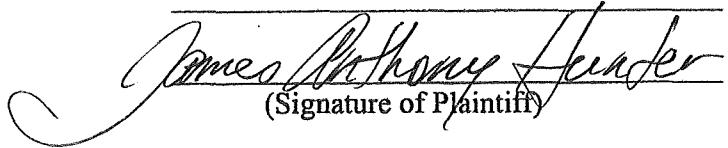
It is my prayer that the Court contribute to my healings And treatments of my medical concerns And physical deformities. I pray the Court to Order Smith County And its Medical Staff Turn Key Health to Approve of the ~~recommendation~~ professional, Expert's Recommendation ~~to~~ provided by M.D. Urologist, for me to undergo Required And much needed Surgical procedure "Castroplasty" to Reconstruct and Repair initial Surgical procedure forced upon me By Turn Key Health And Smith County As well as outside facility or outside staff specialists to provide therapy; physical emotional, and mental. And for appointed Counseling the chronic pain. The ignored pain. The suffered Injuries. The post-traumatic ~~stress~~ disorder. The life alterations. The unable to reproduce. The unnecessary of the origins of the need to have to file claim. I'd like to hope the Courts will grant me punitive damage awards of \$100,000,000 Thanks

C. Has any court ever warned or notified you that sanctions could be imposed? YES NO

D. If your answer is "yes," give the following information for every lawsuit in which a warning was issued. (If more than one, use another piece of paper and answer the same questions.)

1. Court that issued warning (if federal, give the district and division): N/A
2. Case number: N/A
3. Approximate date warning was issued: N/A

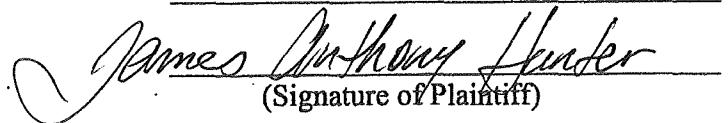
Executed on: 10-25th 2023
DATE


(Signature of Plaintiff)

PLAINTIFF'S DECLARATIONS

1. I declare under penalty of perjury all facts presented in this complaint and attachments thereto are true and correct.
2. I understand, if I am released or transferred, it is my responsibility to keep the court informed of my current mailing address and failure to do so may result in the dismissal of this lawsuit.
3. I understand I must exhaust all available administrative remedies prior to filing this lawsuit.
4. I understand I am prohibited from bringing an *in forma pauperis* lawsuit if I have brought three or more civil actions or appeals (from a judgment in a civil action) in a court of the United States while incarcerated or detained in any facility, which lawsuits were dismissed on the ground they were frivolous, malicious, or failed to state a claim upon which relief may be granted, unless I am under imminent danger of serious physical injury.
5. I understand even if I am allowed to proceed without prepayment of costs, I am responsible for the entire filing fee and costs assessed by the court, which shall be deducted in accordance with the law from my inmate trust account by my custodian until the filing fee is paid.

Signed this 25th day of October, 20 23.
(Day) (month) (year)


(Signature of Plaintiff)

WARNING: Plaintiff is advised any false or deliberately misleading information provided in response to the above questions may result in the imposition of sanctions. The sanctions the court may impose include, but are not limited to, monetary sanctions and the dismissal of this action with prejudice.